**STARR MARINE APPLICATION FOR FREIGHT FORWARDER’S INSURANCE**

**DATE** Click here to enter a date.

**1. ACCOUNT INFORMATION**

* **Account Name** (including names of all subsidiary firms to be insured) Click here to enter text.

Address: Click here to enter text.

City / State / Country: Click here to enter text. Postal Code: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

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* **Insurance Agent or Broker Name:** Click here to enter text.

Address: Click here to enter text.

City / State / Country: Click here to enter text. Postal Code: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

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* **Description of Business:** Click here to enter text.

Number of years in business under present management: Click here to enter text.

Does Applicant own/lease other locations?  No  Yes (Complete “Supplemental Location Form” attached for each location.)

Member of CTPAT  Yes  No

Approximate number of customers: Click here to enter text.

Percentage of current customers for whom you purchase insurance Click here to enter text. %

Description of client’s goods handled: Click here to enter text.

How are goods valued?  CIF + 10%  Other: Click here to enter text.

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* **Shipment Information**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Air** |  | **Sea** |  | **Truck/Rail** |  |
| Annual value of import shipments | $ Click here to enter text. |  | $ Click here to enter text. |  | $ Click here to enter text. |  |
| Percent of those insured | Click here to enter text. | % | Click here to enter text. | % | Click here to enter text. | % |
| Annual value of export shipments | $ Click here to enter text. |  | $ Click here to enter text. |  | $ Click here to enter text. |  |
| Percent of those insured | Click here to enter text. | % | Click here to enter text. | % | Click here to enter text. | % |
| Highest value shipped | $ Click here to enter text. |  | $ Click here to enter text. |  | $ Click here to enter text. |  |
| What percent of sea shipments are in Full Container Loads? | |  | Click here to enter text. | % | Click here to enter text. | % |
| What percent of sea shipments are LCL? | |  | Click here to enter text. | % | Click here to enter text. | % |
| What percent of sea shipments are not containerized? (breakbulk) | |  | Click here to enter text. | % | Click here to enter text. | % |

Description of typical packing (for example; 20’ containers, palletized cargo, blocked & braced):

Click here to enter text.

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* **Percentage of shipments to or from the following**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Africa | Click here to enter text. % | Eastern Europe & Russia | Click here to enter text.% | North America | Click here to enter text. % |
| Caribbean | Click here to enter text. % | Far East | Click here to enter text. % | South America | Click here to enter text. % |
| Central America & Mexico | Click here to enter text. % | India / Southeast Asia | Click here to enter text. % |  |  |
| Europe | Click here to enter text. % | Mediterranean | Click here to enter text. % |  |  |
|  | Click here to enter text. % | Middle East | Click here to enter text. % |  |  |

Are there any shipments not involving the United States?  No  Yes (specify)

Click here to enter text.

Are there any shipments to countries not sanctioned by the U.S. government:  No  Yes (explain)

Click here to enter text.

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* **Does the Applicant have storage risks?**  No  Yes (List type of goods stored)

Click here to enter text.

Storage Location(s)

Address: Click here to enter text.

Owned location  Leased location

List all storage locations utilized and complete a Statement of Value for each location (see attached form).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location**  **Name/Address** | **Owned or Leased** | **Construction Type** | **Security** | | | |
|  |  |  | **Alarm** | **Watchman** | **Fence** | **Sprinkler** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |

Is alarm system in all listed locations UL approved?  Yes  No

List alarm grade and extent (and attach certificate):

Click here to enter a date.

Are locations used for processing?  No  Yes (Identify locations used.)

Click here to enter text.

How is stored merchandise valued?  CIF + 10%  Other: Click here to enter text.

Average Value $ Click here to enter text. Maximum Value $ Click here to enter text.

* **Warehouse Legal Liability**: Limits needed $ Click here to enter text.

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* **NVOCC Legal Liability** (attach copy of house waybill and invoice)

Average number of containers per month: Full containers Click here to enter text.

LCL Click here to enter text.

Breakbulk Click here to enter text.

Percent of containers Insured: Click here to enter text.

Percent of containers CY/CY Click here to enter text.

* **Air Carrier Legal Liability** (attach copy of house airway bill and invoice)

Estimated gross weight per month shipped under HAWB’s Click here to enter text.

Percent of shipments with declared value for carriage where you are

not asked to provide insurance Click here to enter text.

Percent of shipments where you are asked to provide cargo insurance Click here to enter text.

**2. INSURANCE COVERAGE INFORMATION**

* **Proposed effective date of insurance:** Click here to enter a date.
* **Limits of Liability:**

|  |  |  |  |
| --- | --- | --- | --- |
| Any one vessel | $ Click here to enter text. | Domestic Truck or Railcar | $ Click here to enter text. |
| On Deck | $ Click here to enter text. | Any one package (mail or parcel post) | $ Click here to enter text. |
| Any one aircraft | $ Click here to enter text. | Courier | $ Click here to enter text. |
| Any one barge or Any one tow | $ Click here to enter text. | Any one place / Any one time | $ Click here to enter text. |
| Any one storage location $ Click here to enter text. | | | |

Limit Deductible

NVOC Legal Liability Click here to enter text. Click here to enter text.

Air Legal Liability Click here to enter text. Click here to enter text.

Exposure to the following: Motor Truck Legal Liability  Yes  No

Warehouse Legal Liability  Yes  No

Bailee Liability  Yes  No

Packing/Crating Liability  Yes  No

Errors & Omissions Insurance  Yes  No

If ‘Yes’, a separate application is required to obtain a quote.

**3. ACCOUNT HISTORY**

* Current insurance policy with Click here to enter text.

Has current insurance company requested replacement of coverage or sent notice of cancellation?  Yes  No

* **Loss Information for Last 5 Year Period** (paid and outstanding losses)**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Claimant** | **Policy Type**  Physical Damage or  Legal Liability | **Paid Losses** | **Outstanding Losses** | **Loss Details** |
| 20Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. | Click here to enter text. |
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Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto,

commits a fraudulent insurance act, which is a crime.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Use Only**

QUOTED

DECLINED Reason: Click here to enter text.

BINDING Effective Date: Click here to enter a date.

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Signature of Underwriter

**APPLICATION FOR FREIGHT FORWARDER’S INSURANCE**

**SUPPLEMENTAL LOCATION FORM**

**DATE** Click here to enter a date.

* **Account Name:** Click here to enter text.

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* Address of Additional Location: Click here to enter text.
* City / State / Country: Click here to enter text. Postal Code: Click here to enter text.
* Location Information:

Owned Average Value $ Click here to enter text.

Leased Maximum Value $ Click here to enter text.

Limit of Liability $ Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Security** | | | | |
| **Construction Type** | **Alarm** | **Alarm UL Approved** | **Watchman** | **Fence** |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |

Note: A Statement of Values Form (see attached) needs to be completed for each location).

* If Alarm is U.L. Approved, grade and extent: Click here to enter text. (Attach certificate.)

Are locations used for processing? Yes  No

Do you need inventory coverage only? Yes  No

Describe the types of operations conducted on all sides adjoining the warehouse:

Click here to enter text.

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* Address of Additional Location: Click here to enter text.
* City / State / Country: Click here to enter text. Postal Code: Click here to enter text.
* Location Information:

Owned Average Value $ Click here to enter text.

Leased Maximum Value $ Click here to enter text.

Limit of Liability $ Click here to enter text.

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| --- | --- | --- | --- | --- |
| **Security** | | | | |
| **Construction Type** | **Alarm** | **Alarm UL Approved** | **Watchman** | **Fence** |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |
| Click here to enter text. | Yes  No | Yes  No | Yes  No | Yes  No |

Note: A Statement of Values Form (see attached) needs to be completed for each location).

* If Alarm is U.L. Approved, grade and extent: Click here to enter text. (Attach certificate.)

Are locations used for processing? Yes  No

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Click here to enter text.

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| **Address**  **STATEMENT OF VALUES** | | | | | | | **Coverage Values (TIV)**  **a minimum of one value is required** | | | **Building Attributes – Primary Characteristics** | | | **Building Attributes – Secondary Modifiers** | | | **Limits** | |
| **Name** | **Street Address** | **City** | **State Code** | **Postal Code** | **Country** | **ISO Country Code** | **Buildings** | **Contents** | **Business Interruption** | **Occupancy** | **Construction Code** | **Year Built** | **Year Upgrade** | **Floor Area**  **(sq. ft.)** | **Number of Stories** | **Location Gross Limit** | **Cat Sub Limit** |
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